

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 1093

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)

PAID BY

ENCL # 19  
SAPC 22506  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				3,346	59
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		\$ 3,346	59
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
STATINTL (Sign original only)				Differences _____			
Date 12/13/57 *Payee _____				Amount verified; correct for \$ 3,346.59			
Per _____ Title _____				(Signature or initials) HERR			
Contract No. A-101				Date _____ Req. No. _____ Date _____ Invoice Rec'd.			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)



Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in full on the line below "Approved for".  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1093  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs Applicable to All Systems  Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 11/18 thru 12/1/57  Research & Development  STATINTL					
		Labor for the period 11/18/57 thru 12/1/57					
		Overhead computed for Communications Division at interim rates as follows: Research & Development - 					
		Total Labor & Overhead STATINTL					
		G & A expense computed at interim rate of 					
		Total Costs STATINTL				\$ 3,346.59	